The completion of the following questionnaire is a requirement for all student teachers/interns. Since Exposure Control Plans vary from school to school, it is important that you obtain school/agency-specific information about protecting yourself and your students against bloodborne pathogens. Obtain the needed information from your cooperating teacher/agency supervisor and then return this completed form to the appropriate person in your program.

Name______________________________

School/Agency you are participating in _____________________________

**Dealing with Injuries**

1. Where do I send an injured student?
   ______________________________________________________________

2. Who do I contact if a student is injured?
   ______________________________________________________________

**Personal Protective Equipment**

3. What personal protective equipment is available?
   ______________________________________________________________

4. Where is the personal protective equipment stored?
   ______________________________________________________________

**Cleaning Up**

5. Who is responsible for cleaning up potentially infectious material (blood, vomit)?
   ______________________________________________________________

6. How do I contact that person?
   ______________________________________________________________

**Exposure**

7. Who do I contact if I am exposed to potentially infectious material at school?
   ______________________________________________________________

8. What forms do I fill out if I am exposed to potentially infectious material at school?
   ______________________________________________________________